



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 1092-2001, 2099  
The Kenan Advantage Group, Inc.  
Low Option**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Control Plan** - Delta Dental of Ohio

**Benefit Year** - January 1 through December 31

**Covered Services** -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	80%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	80%	80%
<b>Brush Biopsy</b> - to detect oral cancer	100%	80%	80%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	80%	80%
<b>Harmful Habit Appliances</b> - treatment to control harmful habits	100%	80%	80%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	70%	70%
<b>All Other Radiographs</b> - other X-rays	80%	70%	70%
<b>Minor Restorative Services</b> - fillings	80%	70%	70%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	70%	70%
<b>Other Oral Surgery</b> - dental surgery other than extractions	80%	70%	70%
<b>Other Basic Services</b> - misc. services	80%	70%	70%
<b>Major Services</b>			
<b>Crown Repair</b> - to individual crowns	50%	40%	40%
<b>Endodontic Services</b> - root canals	50%	40%	40%
<b>Periodontic Services</b> - to treat gum disease	50%	40%	40%
<b>Surgical Extractions</b> - surgical removal of teeth	50%	40%	40%
<b>Major Restorative Services</b> - crowns	50%	40%	40%
<b>Anesthesia Services</b> - when medically necessary	50%	40%	40%
<b>Relines and Repairs</b> - to prosthetic appliances	50%	40%	40%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	50%	40%	40%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	Dependent Children through age 18 and under		

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Two prophylaxes (cleanings) and/or up to four periodontal maintenance are payable per calendar year, not to exceed a total of four procedures in any calendar year.

- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 13 and under.
- Space maintainers are payable once per area per lifetime for people age 15 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sialography is a Covered Service.
- Caries susceptibility tests are payable once per lifetime.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors and cuspids once per tooth per five-year period for people age 16 and older when necessary due to fracture or decay.
- Composite resin (white) restorations are payable on posterior teeth.
- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Coronal splinting on natural teeth or prosthetic crowns is a Covered Service.
- Certain oral surgery procedures including oroantral fistula closure, tooth transplantation, vestibuloplasty, frenulectomy, frenuloplasty and surgical sialolithotomy are Covered Services.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards are payable once per two-year period.
- A removable or fixed harmful habit appliance is payable once per lifetime up to age 16.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment - Delta Dental PPO™ Dentist** - \$1,500 per Member total per Benefit Year on all services except orthodontic services (excluding harmful habit appliances). \$1,000 per Member total per lifetime on orthodontic services except harmful habits appliances.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - \$1,000 per Member total per Benefit Year on all services except orthodontic services (excluding harmful habit appliances). \$500 per Member total per lifetime on orthodontic services except harmful habits appliances.

These are not separate maximums by type of dentist.

**Payment for Orthodontic Service** - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, bitewing X-rays, brush biopsy, sealants, and orthodontic services.

**Waiting Period** - Enrollees who are eligible for Benefits are covered on the first day of the month following 60 days of employment.

**Eligible People** - All active full-time employees (2001) of the Contractor who choose the Low Option dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (2099).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and their Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Dependents may only enroll if the Enrollee is enrolled (excluding COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if said change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the date of termination.